<u>Quimby & Collins Orthodontics</u> has a strong commitment to safeguard the protected health information of patients. The principles outlined in the Notice of Privacy Practices of this office are also legal obligations of this practice under the Privacy Rule.

A signed acknowledgement of receipt of the Notice of Privacy Practices will be obtained prior to the first interaction with a patient or potential patient.

ACKNOWLEDGEMENT OF RECEIPT OF NOTICE OF PRIVACY PRACTICES

Patient Name: _____

LAST FIRST MI

I have read a copy of the Notice of Privacy Practices for the above named practice.

Signature

In addition, I understand that as a service to Quimby & Collins patients, they provide a courtesy appointment reminder via email. In addition to appointment reminder emails, other important emails may be placed. By providing my email address, I consent to receiving such emails.

Date

Signature

I do not wish to receive reminder and/or recall messages via email.

For Office Use Only

We were unable to obtain a written acknowledgement of receipt of the Notice of Privacy Practices because:

An emergency existed & a signature was not possible at the time.

 \Box The individual refused to sign.

 \Box A copy was mailed with a request for a signature by return mail.

Unable to communicate with the patient for the following reason.

Other:_____

Prepared by: Lisa Bump, HIPAA Officer

Signature:_____

A copy of the Notice of Privacy Practices and the red flag laws are available upon request.

Date